

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155651		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 06/28/2013	
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP CODE 651 S STATE ST FRANKLIN, IN 46131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/22/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/28/13</p> <p>Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR survey, Homeview Center of Franklin was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building consisting of 100, 200, 400 and 600 halls was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility consists of two sections: the original building built in 1985 determined to be of Type V (111) construction was fully sprinklered and the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and sprinklered. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in resident sleeping rooms. The facility</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 has a capacity of 115 and had a census of 101 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one shed used for facility storage of equipment. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/01/13.	{K 000}			
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/22/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/28/13 Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this PSR survey, Homeview Center of Franklin was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The 300 hall was surveyed with Chapter 18, New Health Care Occupancies. This one story facility consists of two sections: the original building built in 1985 determined to be of	{K 000}			

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{K 000}	<p>Continued From page 2</p> <p>Type V (111) construction was fully sprinklered and the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and sprinklered. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of 115 and had a census of 101 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one shed used for facility storage of equipment.</p>	{K 000}			